DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home

STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: AGAPE ADULT FAMILY HOME (0010112) Address: E5534 - 700TH AVE, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 04/11/2003

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0094975 End Date: 05/24/2005 **Type: INITIAL Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010011 Served 06/01/2005

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		

88.05(3)(d) ANNUAL WELL WATER INSPECTIONS

88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE

88.07(2)(b)5 MONITORING HEALTH

88.07(3)(d) MEDICATION- WRITTEN ORDER

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